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PATENT

#12  
LB  
1/34/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	A.G. Daifotis et al.		
Serial No.:	09/445,837	Case No.:	20002YP
Filed:	December 13, 1999		
For:	METHOD FOR INHIBITING BONE RESORPTION		

Art Unit: 1614

Examiner:  
T. Criares

Assistant Commissioner for Patents  
Washington, D.C. 20231

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on the date appearing below.

MERCK & CO., INC.

By [Signature] Date 4/26/01

THIRD PRELIMINARY AMENDMENT

Sir:

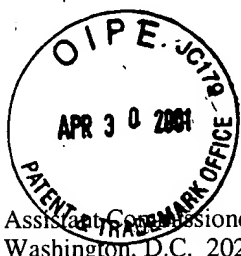
Entry of the following Third Preliminary Amendment is respectfully requested. This amendment supplements the Preliminary Amendment of December 13, 1999 and the Second Preliminary Amendment of June 13, 2000.

IN THE CLAIMS:

Please cancel Claims 53-56 without prejudice.

Please add the following new claim.

-- Claim 57 (New Claim). A pharmaceutical composition comprising 91.35 mg of alendronate monosodium trihydrate. --



Assistant Commissioner for Patents  
Washington, D.C. 20231

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

1614  
PATENT  
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CASE NO. 20002 YB

MAY 02 2001

In re application of: A.G. DAIFOTIS ET AL

Serial No. 09/445,837

Filed December 13, 1999

Group Art Unit 1614

Examiner T. Criares

For: METHOD FOR INHIBITING BONE RESORPTION

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Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

☐ The fee has been calculated as shown below.

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CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* _____	-	** <u>20</u> =	<u>0</u> X	\$18	= <u>0.00</u>
Independent Claims	* _____	-	*** <u>3</u> =	<u>0</u> X	\$80	= <u>0.00</u>
Multiple Dependent Claims	_____	-	_____ =	<u>0</u> X	\$270 ****	= <u>0.00</u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

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MERCK & CO., INC.

By [Signature] Date 4/26/01

Respectfully,

By: ANTHONY D. SABATELLI

Attorney \_\_\_\_\_ for Applicant(s)

Reg. No. 34,714

MERCK & CO., INC.

Patent Dept., RY60-30

P.O. Box 2000

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(732) 594-1935

Date: April 26, 2001

IN DUPLICATE